NOTE: See instructions on reverse. INDIVIDUAL DEVELOPMENT PLAN			
1. EMPLOYEE'S NAME (Last, first, initial)	DESCRIPTION OF WORK ASSIGNMENTS A. Current Performance Elements Identified for Development/Training		
2. CURRENT POSITION TITLE			
	B. Projected/Potential Assignments		
3. ORGANIZATION NAME AND LOCATION			
5. Performance Related Knowledge, Skills, and Abilities	6. Development) 6. development)	(On-the-job assignments, Self 7. Formal Trainin	g (Courses, Seminars)
7. The supervisor and employee have completed	9. SIGNATURE and DATE		
The supervisor and employee have completed the IDP process and have determined that no training or developmental needs are indicated at this time.	EMPLOYEE SUPERVISOR		APPROVING OFFICIAL
Form ARS-48 (8/83)	(Use reverse for additional comments.) USDA-ARS		